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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/692,564
Filing Date	10/24/2003
First Named Inventor	Jim B. Surjaatmadja
Title	Orbital Downhole Separator
Art Unit	3672
Examiner Name	unknown
Attorney Docket Number	HES 2002-IP-008025U1

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
see attached	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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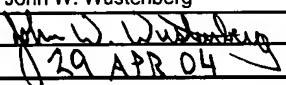
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John W. Wustenberg
Signature	
Date	29 APR 04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REGISTERED PRACTITIONER
INFORMATION
(Supplemental Sheet)

DECLARATION



Name	Registration Number	Name	Registration Number
Halliburton Energy Services, Inc. Practitioners		McAfee & Taft Practitioners	
William E. Shull	29,438	C. Clark Dougherty, Jr.	24,208
William M. Imwalle	35,904	Clifford C. Dougherty, III	31,607
Robert A. Kent	28,626	Neal R. Kennedy	31,383
Craig W. Roddy	36,256	Anthony L. Rahhal	37,562
John W. Wustenberg	35,415	William D. Hall	35,535

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Declaration — Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C)(1-14)



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/692,564
		Filing Date	10/24/2003
		First Named Inventor	Jim B. Surjaatmadja
		Art Unit	3672
		Examiner Name	unknown
Total Number of Pages in This Submission	25	Attorney Docket Number	HES 2002-IP-008025U1

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Assignment w/recordal sheet Statement under 3.73(b) Return Postcard	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John W. Wustenberg
Signature	<i>John W. Wustenberg</i>
Date	29 APR 04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Sheila Gibbs		
Signature	<i>Sheila Gibbs</i>	Date	4-30-04

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